

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	Loc NGUYEN	COURT CASE NUMBER	C.A. 04-12618MLW						
DEFENDANT	ANN-CARROLL NURSING HOME	TYPE OF PROCESS							
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN								
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)								
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <input checked="" type="checkbox"/> Loc NGUYEN 192 WASHINGTON #208 Lynn, MA. 01902									
<table border="1"> <tr> <td>Number of process to be served with this Form - 285</td> <td>05 SEP</td> </tr> <tr> <td>Number of parties to be served in this case</td> <td>-1</td> </tr> <tr> <td>Check for service on U.S.A.</td> <td>P 2:5</td> </tr> </table>				Number of process to be served with this Form - 285	05 SEP	Number of parties to be served in this case	-1	Check for service on U.S.A.	P 2:5
Number of process to be served with this Form - 285	05 SEP								
Number of parties to be served in this case	-1								
Check for service on U.S.A.	P 2:5								

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternative Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold
BETWEEN 9am - 4 pm MON-FRI. DAY

Signature of Attorney or other Originator requesting service on behalf of: <i>U.S. Marshal</i>					PLAINTIFF <input checked="" type="checkbox"/>	DEFENDANT <input type="checkbox"/>	TELEPHONE NUMBER 781-595-3352	DATE 9/1/05
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE								
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)		Total Process 1	District of Origin No. 38	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk <i>Nancy J. Lamee</i>			
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.								
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)								
Name and title of individual served (if not shown above) <i>NURSE - CATHY - NURSING HOME STAFF.</i>					A person of suitable age and disposition then residing in the usual place of abode <input checked="" type="checkbox"/>			
Address (complete only if different than shown above) <i>SAME</i>					Date of Service 9/30/05	Time 2 pm	am	
					Signature of U.S. Marshal <i>Jeff Clark</i>			Deputy
Service Fee 45.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges 45.00	Advance Deposits	Amount owed to U.S. Marshal or		Amount of Refund	

REMARKS: SERVED EMPLOYEE OF CAROL VALENT - NURSING HOME STAFF - CATHY.

UNITED STATES DISTRICT COURT

District of

MASSACHUSETTS

LOC NGUYEN,
Plaintiff
V.

SUMMONS IN A CIVIL CASE

CAROL VALERIE and
ANN CARROLL NURSING HOME

CASE

C.A. 04-12648-MLW

TO: (Name and address of Defendant)**ANN CARROLL NURSING HOME**

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)
LOC NGUYEN, PRO SE

*** or answer as otherwise required by the Federal Rules of Civil Procedure.**

an answer to the complaint which is herewith served upon you, 20* days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

SARAH ALLISON THORNTON

CLERK

(By) DEPUTY CLERK

8/26/05

DATE


